

DESIGNATION OR REVOCATION OF AUTHORITY		(Leave blank for filing reference.)	
TO:			
FROM:			
TYPE OF AUTHORIZATION			EFFECTIVE DATE
DESIGNATION			
NAME OF DESIGNEE	TELEPHONE	SPECIMEN SIGNATURE (If required)	
COMPONENT	ROOM NO. AND BUILDING		
REVOCATION			
EMPLOYEE'S NAME		COMPONENT	
REMARKS			
DATE		TYPED NAME AND SIGNATURE	
TITLE OF AUTHORIZING OFFICIAL			

FORM NO. 725  
JUN 56